



PATIENT

Squirt Sebly

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

11.3

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Aaron Lucas

HOSPITAL NAME

Taylorsville

REFERRING VET

Dr. Aaron Lucas

INVOICE

43636

DATE

6/30/23

PRESENTING CLINICAL SIGNS

Patient presented for a two week history of decreased appetite, hiding and occasional vomiting. Owner is moving and perceived that patient was stressed from the move. Upon physical exam, patient was BAR, afebrile and other vitals were WNL. Patient has lost two pounds since routine wellness exam in May of this year. Abdominal palpation reveal large (lemon sized), firm, painful, middle abdominal mass. Routine CBC and Chemistry were unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.1 cm. The left kidney measured 3.7 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was duplicated, not pathological. The cystic and common bile duct were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The distal small intestine was mildly thickened.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.



PATIENT *Other*

Squirt Sebly Sublumbar lymph nodes were mildly enlarged and hypoechoic, peripherally inflamed, measuring up to 1.0 cm.

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The mid abdomen revealed an undifferentiated lymph node mass with regional slight free fluid and enhanced mesentery. The mass measured 4.0 cm.

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Significant amount of regional omental adhesions noted around the distal small intestinal and lymph node pathology. Other smaller lymph nodes were enlarged.

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- Multicentric mesenteric and sublumbar lymphadenopathy with undifferentiated lymph node mass encompassing the mesenteric artery.
- Distal small intestinal thickening
- Age related renal changes

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ULTRASONOGRAPHIC FINDINGS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
 Round cell neoplasia likely, minor potential for granulomatous disease. Treatment should be based on FNA results. This is not resectable. Major organ systems appeared unremarkable otherwise. Chest radiographs warranted to assess for metastatic disease.

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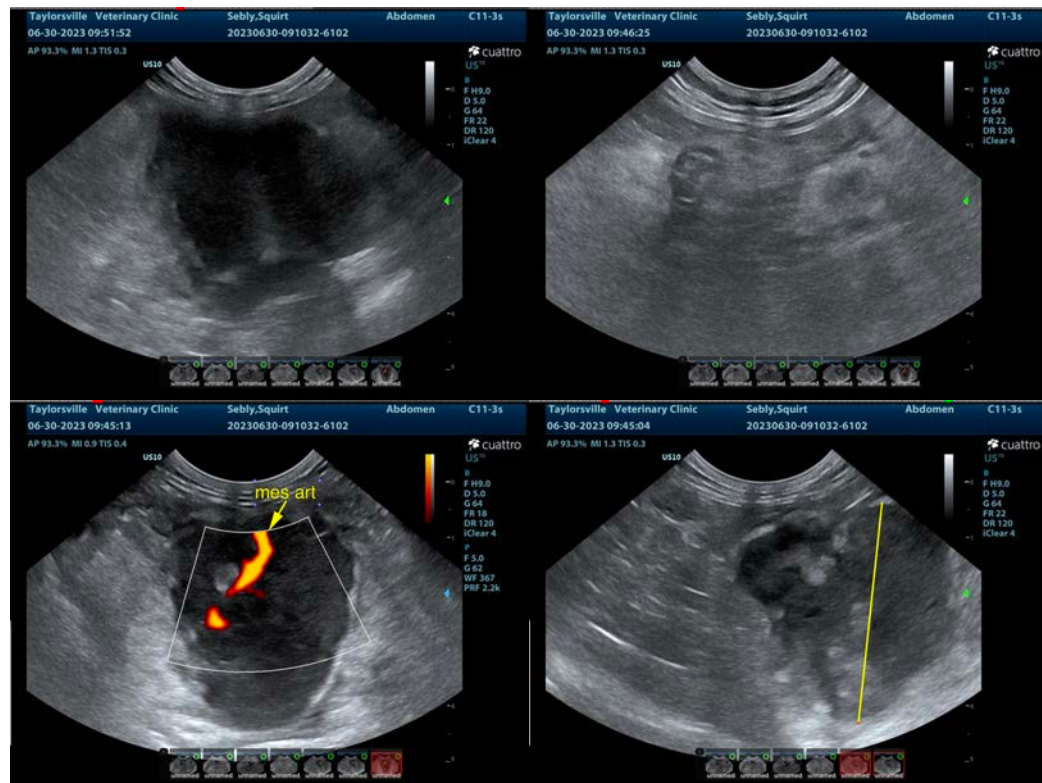
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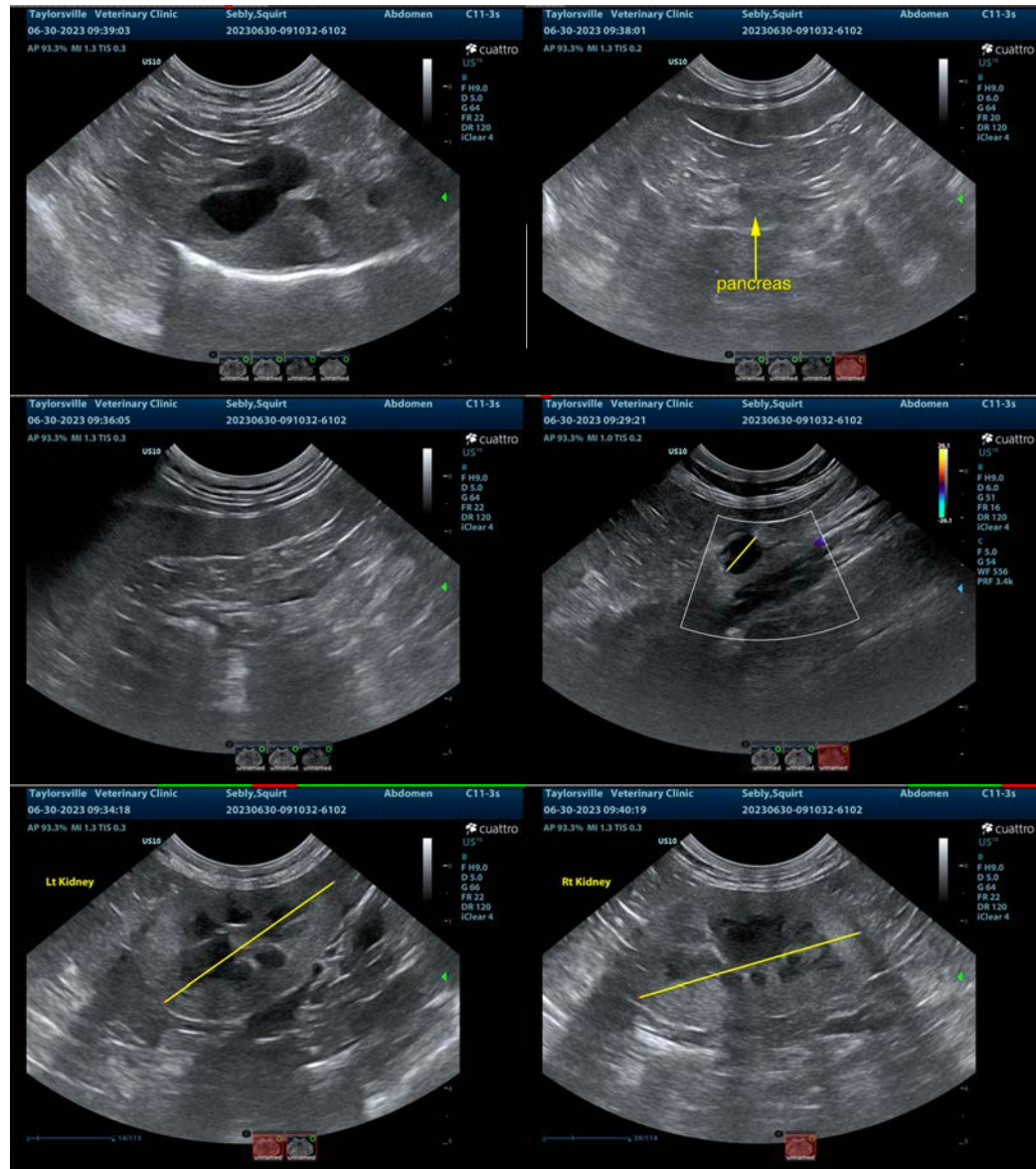
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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